


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JUN -9 AM 6:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500131088555  
06/08/08--01054--026 \*\*1356.25

**REINSTATEMENT 82-08**  
CR2E081 (12/07)

**DOCUMENT # 755646**  
1. Corporation Name  
**Jay Recreation Association, INC**

2. Principal Office Address - No P.O. Box # 4213 Booker Ln Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 241 Suite, Apt. #, etc.	
City & State Jay, FL		City & State Jay, FL	
Zip 32565	Country USA	Zip 32565	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **12/22/1980**

5. FEI Number **56-2588072** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**Tony deGraaf Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**2439 Camors Rd.**

Suite, Apt. #, Etc.

City **Jay** State **FL** Zip Code **32565**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Tony deGraaf Jr. Date 6-6-08  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Tony deGraaf Jr.	2439 Camors Rd	Jay FL 32565
VP	Jeff Fischer	5267 Hidden Trail Circle	Jay FL 32565
T	Ricky Smith	5686 English Turn Dr	Pace FL 32571
S	Steve Nesmith	6594 Will Jones Rd	Jay FL 32565
	<i>M/G/10</i>		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Tony deGraaf Jr. Tony deGraaf Jr. Date 6-6-08 Daytime Phone # 850-698-0735  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR